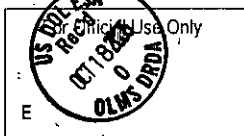


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



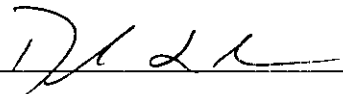
READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 11835	2. Fiscal Year Covered From: 1 / 1 / 2004 Through: 12 / 31 / 2004
3. Name and address of person filing. Name Douglas L Taylor P.O. Box, Bldg., Room No., if any Street 509 Maria Street City Buena Vista State Pennsylvania ZIP Code + 4 15018	4. Name, file number, and address of labor organization. Name O.P.&C.M.I.A. Local Union No. 31 Labor Organization File Number 020-585 P.O. Box, Building and Room Number, if any Street 1900 Andrew Street City Munhall State Pennsylvania ZIP Code + 4 15120
5. Position in labor organization. Bus.Mgr/Fin.Sec/Ben.Fund Trustee	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed <u></u>	On <u>09/12/2005</u> Date	<u>412-464-2851</u> Telephone Number

Name of Person Filing Douglas Taylor	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name Delta Dental</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street One Delta Drive</p> <p>City Mechanicsburg</p> <p>State Pennsylvania ZIP Code + 4 17055-6999</p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name Local 31 Health & Welfare Fund</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 429 Forbes Avenue, Suite 1200</p> <p>City Pittsburgh</p> <p>State Pennsylvania ZIP Code + 4 15219</p>	<p>11.a. Nature of such dealing.</p> <p>Provides dental insurance to participants.</p>
	<p>11.b. Approximate dollar value of such dealing.</p>
	<p>12.a. Nature of interest held or income received.</p> <p>1 ticket to Pittsburgh Pirates vs. Arizona Diamond Backs game and suite package.</p>
	<p>12.b. Amount. \$35</p>

<p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p>	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>14.a. Nature of payment.</p>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment.</p>

Name of Person Filing Douglas Taylor

File Number U-

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Plasterers' Local #31 Pension Fund

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 429 Forbes Avenue, Suite 1200

City Pittsburgh

State Pennsylvania ZIP Code + 4 15219

9. Business deals with:

☒ a. Labor Organization

☐ b. Trust

☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

Provides retirement benefits to participants.

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

\$602.50 Registration and one night hotel for 2004 IFEBP Conference

\$108.75 Reimbursement of expenses for 2004 IFEBP Conference.

\$82.88 Reimbursement of expenses for 2004 participant educational meeting.

\$950.00 Regist. & one night hotel for 2005 IFEBP Con

12.b. Amount.

\$1,744

Name of Person Filing Douglas Taylor

File Number U-

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Plasterers' Local # 31 Insurance Fund

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 429 Forbes Avenue, Suite 1200

City Pittsburgh

State Pennsylvania ZIP Code + 4 15219

9. Business deals with:

☒ a. Labor Organization

☐ b. Trust

☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

Provides health insurance to participants.

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

\$602.00 Registration and One night hotel for 2004 IFEBP Conference.

\$108.75 Reimbursement for 2004 IFEBP Conf. Exp.

\$82.89 Reimbursement for 2004 participant educational meeting.

\$950.00 Registration and one night hotel for 2005 IFEBP Conference.

12.b. Amount.

\$1,744